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20/2004 HNEWE225 ON	9999E1 141E70 V3070747	G. Lar	mprecht	(Depositor's name	
FC:1501 1370.0 FC:1504 300.0	DO DA DO DA	J.	Lamoro Okt	(Signature	
FG:1304 5001	ev en		10/13/20	Date (Date	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/876,747	06/07/2001	Sarah E. Jordan	US010391	1883	
TLE OF INVENTION: SY	YSTEM AND METHOD FOR RI	EMOVING SENSITIVE DATA FROM DIAGNOS	TIC IMAGES		

APPLN, TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	11/26/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SMITH, RUTH S		3737		600-407000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, list times of up to 3 registered patent OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	nt attorneys 1 nember a 2 es of up to	VODOPIA

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
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Please check the appropriate assignee category or categories (will not be	e printed on the patent):
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